

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10611684

FILED DATE

7-01-03

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
NO	DEP	NO	DEP	NO	DEP
1	/				
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TOTAL NO. 4		TOTAL NO.		TOTAL NO.	
TOTAL DEP. 29		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS 33		TOTAL CLAIMS		TOTAL CLAIMS	

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TOTAL NO.		TOTAL NO.		TOTAL NO.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	